PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 21 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000011215

1. Corporation Name
H.C. LISTER CORPORATION

WD5000009295

REINSTATEMENT 98-05

2. Principal Office Address	**3.** Mailing Office Address
3968 BOBBIN BROOK CIRCLE	3968 BOBBIN BROOK CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TALLAHASSEE, FL	TALLAHASSEE, FL
Zip: 32312-1238 Country: USA	Zip: 32312-1238 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 2/03/97

5. FEI Number 593422866 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CLAUDE E. LISTER

200049244252
03/29/05--01014--030 **128.75

Street Address (P.O. Box Number is Not Acceptable)
3968 BOBBIN BROOK CIRCLE

Suite, Apt. #, Etc.

City: TALLAHASSEE State: FL Zip Code: 32312-1238

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Claude E. Lister
REGISTERED AGENT MUST SIGN

Date 3/ 1/05

CR2E081 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	CLAUDE E. LISTER	3968 BOBBIN BROOK CIRCLE	TALLAHASSEE, FL 32312
V.P.	EDDIE BELLE LISTER-WHITE	11-5 LISTER DR.	WEWAHITCHKA, FL 32465
SECRY.	DEBBIE W. BAXLEY	P.O. BOX 507	WEWAHITCHKA, FL 32465
TRES.	BENNY C. LISTER	P.O. BOX 1128	WEWAHITCHKA, FL 32465

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Claude E. Lister CLAUDE E. LISTER 3/ 1/05 (850)893-4724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #